

**BEST AVAILABLE COPY**

<b>CLAIMS ONLY</b>						SERIAL NO. _____		FILING DATE _____					
						APPLICANT(S) _____							
<b>CLAIMS</b>													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*			*		
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.		IND.	DEP.	
1							51						
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47							97						
48							98						
49							99						
50							100						
TOTAL IND.	12		↓		↓		TOTAL IND.	↓		↓		↓	
TOTAL DEP.	12		↓		↓		TOTAL DEP.	↓		↓		↓	
TOTAL CLAIMS	12		██████████		██████████		TOTAL CLAIMS	██████████		██████████		██████████	

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS